



18+ Financial Policy

Pediatrics in Brevard strives to provide high-quality, cost-effective health care. To do this, we need your full commitment to our financial policy.

Bring to every visit:

- *Current health insurance card
- *Photo ID
- *Updated demographics
- *Payment in the form of Cash, Check, Visa, Master Card, or Discover

Insurance:

- *Knowledge of your health insurance benefits, and financial responsibility is your responsibility.
- *Your insurance company may need you to supply certain information directly, such as Coordination of Benefits, please comply with their request.
- *If your insurance requires you to choose a primary care provider, a Pediatrics in Brevard provider must be on file, otherwise your appointment will be rescheduled.
- *Contact your insurance if your claims are denied in error.
- *If claims go unpaid due to disputes past 45 days, it is your responsibility to pay the claim and continue to pursue your insurance company to pay the claim.

Medicaid:

- *A Pediatrics in Brevard provider must be on file as your Primary Care Provider with your Managed Care Plan, otherwise your appointment will be rescheduled.
- *Commercial insurance is primary to Medicaid plans. See Secondary Insurance section below.

Secondary Insurance:

Pediatrics in Brevard does not file secondary insurance; this includes Medicaid and Medicaid Managed Care/MMA plans. () You will be responsible for all copays, deductibles, coinsurances, etc., which apply to your primary insurance.

Out of Network:

Payment in full is expected at the time of service. Further scheduling will not be permitted with an outstanding balance. ()

Uninsured:

Prompt pay discounts will be offered on the day of service for payment in full. Non-ill-symptom related visits will be expected to be paid in full.

Monthly Statements:

You will receive a monthly statement if you retain a balance on your account. The balance on your statement is due when the statement is issued and is past due after 30 days. A monthly statement fee of \$10 will incur for balances over 30 days. ()

Co-Payments:

Co-pays are due at the time of service. If co-pays are not paid on the date of service a \$25 fee will apply. This is in addition to a monthly statement fee, if applicable. ()

Past Due Balances:

Payment plans are available to avoid collections. However, failure to adhere to the plan will result in automatic collection proceedings. If we refer your account to a collection agency, the providers of Pediatrics in Brevard will no longer be able to provide medical care to you. All accounts sent to the collection agency will be reported to the Credit Bureau.

Bankruptcy:

Should your account balance become uncollectable due to bankruptcy and your account has not been forwarded to a collection agency, we will continue to see you on an emergency bases for the next 30 days, giving you time to find a new medical provider.

After Hours Visits:

Our offices may offer extended hours for sick and emergent care when warranted. Appointments scheduled on Saturdays, Sundays, all holidays, and after 5pm on weekdays will include an after-hours charge for this availability of care.

Missed Appointments:

Appointments canceled **without** a 24-hour advance notice will incur a \$50 missed appointment fee. () Patients who continue to miss appointments may be asked to transfer their records to another practice.

Returned Checks:

There is a \$35 fee for returned checks.

Ledgers:

There is a \$10 fee to receive a copy of your account, payment history, etc. The fee is due prior to receiving the ledger.



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Automobile Accident Claims:

Pediatrics in Brevard is not contracted with auto insurance providers and will not bill for auto accident claims. Follow up visits due to automobile accidents must be paid in full at the time of service. The claim will need to be filed with auto insurance, by the policy holder, for reimbursement.

I have read this Financial Policy and understand I am ultimately responsible for the charges incurred.

Patient's Signature: _____

Patient's Name: _____

Patient's DOB: _____

revised: 11.21